INTRODUCTION

Launching the Fogarty International Center International Tobacco Control Research and Training Program

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The National Institutes of Health (NIH) is the focal point for medical research in the United States. Composed of 27 Institutes and Centers, and with a budget of more than \$28 billion in fiscal year 2005, the NIH provides funding to biomedical and behavioural institutions and scientists in all 50 states, the US territories and many foreign countries. The Fogarty International Center (FIC) is unique at the NIH in that its mission exclusively focuses on global health issues. During its 37 year history, FIC has funded research and training in areas such as infectious diseases (for example, malaria and AIDS); environmental and occupational health; population and health; and maternal and child health.

SHIFTING BURDEN OF TOBACCO USE

By the late 1990s, it was apparent to the global health community that the burden of tobacco use and tobaccocaused disease was inexorably shifting from high-income nations to low- and middle-income nations. Equally apparent was that research and research capacity to study and intervene in this burgeoning world epidemic was sorely lacking. With this in mind, in the fall of 1999, Dr Gerald T Keusch, then FIC Director, convened a series of meetings of representatives from interested NIH Institutes to explore means of undertaking an initiative centred on tobacco control and prevention research. Amid enthusiastic support of the other institutes, FIC staff began to develop a Request for Applications (RFA). Besides an in-depth literature review, the process included an examination of past efforts to set research priorities for the developing world, and discussions with other NIH Institutes to consider their research priorities in this area. Importantly, FIC also sought input of scientists and health professionals in the developing world, and tobacco control experts at the US Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

On 25 June 2001, FIC released the new RFA, titled "International Tobacco and Health Research and Capacity Building Program", to "address the burden of tobacco consumption in low- and middle-income nations by 1) pursuing observational, intervention and policy research of local relevance and 2) building capacity in these regions in epidemiological and behavioral research, prevention, treatment, communications, health services and policy research".1 The RFA encouraged collaboration between investigators in the United States or other high-income nations and those in low- and/or middle-income nations to demonstrate that the proposed research addressed the priorities of the low- and/or middle-income collaboration nations, and were also asked to describe in detail strategies and specific activities to achieve a wider regional impact. Reflecting desire to support preferentially projects that could be sustained, the RFA required letters of support for proposed research and capacity building from collaborating foreign academic and governmental institutions.

URGENCY FOR TOBACCO RESEARCH

The urgency of increasing tobacco research in the developing world was stated clearly in the RFA: "If current smoking patterns persist, the number of tobacco deaths will rise to ten million deaths annually by 2025, surpassing the combined deaths of AIDS, tuberculosis, automobile accidents, maternal mortality, homicide and suicide." Commenting upon the release of the RFA, then HHS Secretary Tommy G Thompson, said, "On my first day on the job, I indicated that this department would be committed to U.S. support and technical assistance on global health, including tobacco control." FIC and its partners were gratified by the outpouring of interest in the RFA from the scientific community, indicating that many scientists shared the desire to address global tobacco research and control.

Following peer review and evaluation of the applications, FIC awarded 14 research and training grants on 25 September 2002.³ Award recipients represented diverse research areas in all six WHO regions. NIH participants in the RFA included the National Cancer Institute (NCI), the National Institute on Child Health and Human Development (NICHD), the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), the National Heart Lung and Blood Institute (NHLBI), and the National Institute of Nursing Research (NINR). The combined financial commitment from FIC, its NIH partners and CDC was approximately \$3.8 million for the first year of the awards; total support over the five year duration of the programme was anticipated to be more than \$20 million.

In just three years, the projects have been extremely productive. Grantees have published on a wide array of topics, including economics of tobacco use published in local journals (Zheng-Zhong *et al*⁴), predictors of cigarette use among adolescents (Brook *et al*⁵), the relationship between tobacco use and tuberculosis (Gajalakshmi *et al*⁶), the adoption of home smoking restrictions (Okah *et al*⁷), and a tobacco industry document research analysis of how the tobacco industry successfully blocked tobacco control legislation in Argentina (Sebrie *et al*⁸). The current supplement indicates the broad array of tobacco-related research conducted through this FIC programme.

GLOBAL PROBLEM

Tobacco control is recognised as a global problem, which increasingly requires global solutions. The challenges confronting developed and developing nations are interrelated; as research conducted in one country often is relevant to other nations. The International Tobacco Research and

Abbreviations: CDC, US Centers for Disease Control and Prevention; FIC, Fogarty International Center; NCI, National Cancer Institute; NHLBI, National Heart Lung and Blood Institute; NICHD, National Institute on Child Health and Human Development; NIDA, National Institute on Drug Abuse; NIH, National Institutes of Health; NIMH, National Institute of Mental Health; NINR, National Institute of Nursing Research; RFA, Request for Applications; WHO, World Health Organization

i2 Introduction

Capacity Building RFA has contributed to the development of valuable partnerships between developed and developing world scientists and has helped inform global tobacco control and prevention efforts worldwide. Clearly, this type of research effort should be sustained either through similar research activities at the FIC of the NIH or through other means. The growing use of tobacco products around the world, especially in countries that can least afford the consequences, demands continued vigilance and research efforts.

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REFERENCES

- 1 RFA TW-02-005. "International Tobacco and Health Research and Capacity Building Program." June 25, 2001. http://grants.nih.gov/grants/guide/rfafiles/RFA-TW-02-005.html.
- Fogarty International Center Announces New International Tobacco and Health Research and Capacity Building Program. June 27, 2001. National Institutes of Health, Fogarty International Center. http://www.nih.gov/news/pr/jun2001/fic-27.htm.

 Fogarty International Center Announces First Awards for International Tobacco and Health Research and Capacity Building
- 3 Fogarty International Center Announces First Awards for International Tobacco and Health Research and Capacity Building Program. September 25, 2002. National Institutes of Health, Fogarty International Center. http://www.nih.gov/news/pr/sep2002/fic-25.htm.
- 4 Zheng-Zhong M, Hu TW, et al. Demand of different income groups for cigarettes and impact of increasing tax on smokers. Chinese Evidence Based Medicine 2005;5:291–5, .
- 5 Brook JS, Morojele NK, Brook DW et al. Predictors of cigarette use among South Africa adolescents. Int J Behav Med 2005;12:207–17.
- 6 Gajalakshmi V, Peto R, Kanaka T, et al. Smoking and mortality from tuberculosis and other diseases in India: retrospective study of 43,000 adult male deaths and 35,000 controls. *Lancet* 2003;362:507–15.
- 7 Okah FA, et al. Predicting the adoption of home smoking restriction by inner city smokers. Arch Pediatr Adoles Med 2003;157:1202-5.
- Sebrie EM, BarnoyaJ, Perez-Stable EJ, et al. Tobacco industry successfully prevented tobacco control legislation in Argentina. *Tobacco Control* 2005;14:e2.